



Incident Report

Print Date/Time: 01/11/2016 11:28
Login ID: ss0137

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00000178

Incident Date/Time: 1/3/2016 9:55:00 PM
Location: SR 9 NE / LUNDEEN PKWY
LAKE STEVENS WA 98258
Phone Number: (360) 547-2505
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19N2	SS0127-Adams
19N3	SS0130-Rutherford

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	DOLMAN, STEPHIANE					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591971

REPORT NO. E501740

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

CASE #	16-00200178
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LOCAL AGENCY CODING

TOTAL # OF UNITS	02	OBJECT STRUCK	FENCE
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	01	-	03	-	2016			2200	31						0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
LUNDEEN PARKWAY		BLOCK NO. <input checked="" type="checkbox"/> 9000
		MILE POST <input type="checkbox"/>

DISTANCE	200	00	MILES	<input checked="" type="checkbox"/> N	<input type="checkbox"/> E	OF (REFERENCE OR CROSS STREET)	STATE ROUTE 9
			FEET	<input checked="" type="checkbox"/> S	<input type="checkbox"/> W		

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PHONE D: 4253871614
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LAST NAME	EVANGELISTI	FIRST NAME	GABRIELA	MIDDLE INITIAL	N
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STREET NEW ADDRESS	2426 84TH AVE NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982586458
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CDL	RESTRICTIONS	B	ENDORSEMENTS
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DRIVER'S LICENSE #	EVANGGN031PS	STATE	WA	SEX	F	D.O.B. MMDDYYYY	10	-	10	-	1997
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	3	RESTR.	9	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AIC9454	STATE	WA	VIN#	1B3HB28B67D269638
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2007	MAKE	DODG	MODEL	CAL4D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	USAA 016071991U
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PHONE D: 4253341012
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LAST NAME	CITY OF LAKE STEVENS	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	1809 MAIN STREET
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX	U	D.O.B. MMDDYYYY	-	-
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
R. RUTHERFORD	130	WA0311900


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E501740**CASE # **16-00200178**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

On 01/03/2015 I was dispatched to a one vehicle off the roadway collision on Lundeen Parkway, West of SR9 NE. Upon arrival, I located the vehicle off the roadway on the North side of Lundeen Parkway in approximately the 9000blk. The female driver was unhurt. The vehicle was down a 10 foot embankment that was bordered by a cement wall. The driver said that she was "going about 40" when she lost control of the vehicle on the icy roads. The weather outside was below freezing with intermittent snow showers and icy roads. Driver said that she crossed the roadway, struck a small tree and went off the roadway backward. The driver's mother arrived on scene and she was advised to contact her insurance company in the A.M. to arrange to have the vehicle removed.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. RUTHERFORD
01-05-16 01:32 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

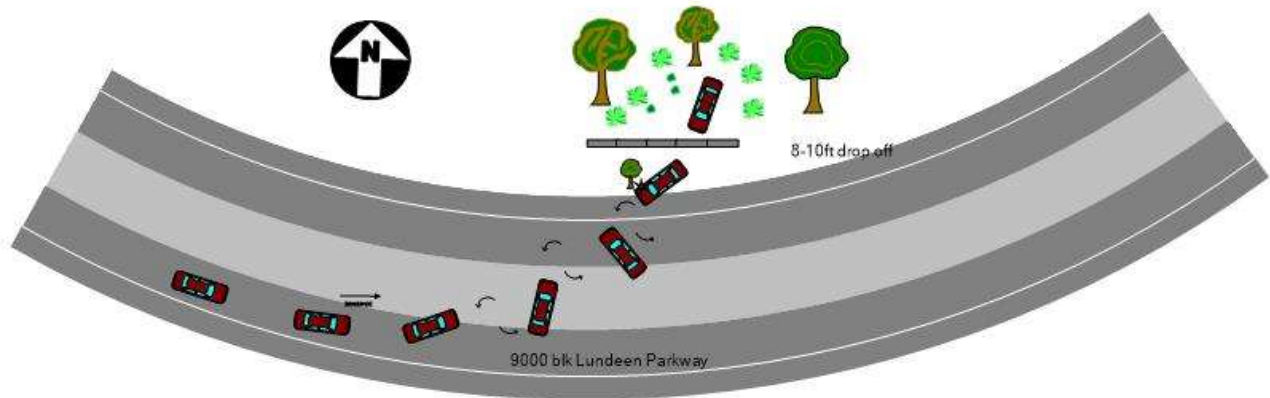
BOB SUMMERS 0079
1/5/2016 5:45:17 AM
BADGE OR ID # **130**ORI # **WA0311900**TIME POLICE DISPATCHED **10:07 PM**TIME POLICE ARRIVED **10:11 PM**
PART B 3000-345-160 R (7/06)

 PAGE **2** OF **3**

REPORT NO. E501740

CASE # 16-00200178

DATE AND TIME
OF COLLISION 01/03/16 22:00



SPEED LIMIT 35MPH
NOT TO SCALE

